AMENDMENTS TO THE SPECIFICATION

Please replace paragraph [0011] at page 5 with the following rewritten paragraph:

[0011] A block diagram of a method for improving the accuracy of pharmacy transaction data according to an embodiment of the present invention is shown in Figure-FIG. 1. Health care facilities 104 within a health care organization 100 may be organized into a hierarchy of health care administrative and management regions 102. The health care organizations 100 may also have a health care facility corporate-level administrative and management function 106. In the ordinary course of business, health care facilities 104 will order supplies from one or more pharmacies 204 of a Publicly-held Corporate Pharmacy ("PCP") 600. A pharmacy organization 200 of PCP 600 may be comprised of a number of pharmacies 204 which are arranged into a hierarchy of pharmacy administrative and management regions 202 with a pharmacy corporate-level administrative and management function 206.

Please replace paragraph [0016] at page 8 with the following rewritten paragraph:

[0016] Once the processing center 400 has been notified that the pharmacy 204 has validated the transaction and allocated the charges, an invoice is created at 406. The responsible health care facility 104 may then obtain the invoice electronically via the electronic communications network 414. The invoice may optionally include "links," such as Hypertext Markup Language ("HTML") that provide the reviewer with online access to more detailed information regarding the charges. The health care facility 104 may then examine the charges listed on the invoice and compare them to their records. If any discrepancies are found, the health care facility 104 may utilize the electronic communications network 414 to request a credit memo. The credit memo is received by account representatives 304, who then adjudicate the request as either accepted or rejected. The account representatives 304 may then notify the health care facility 104 of the disposition of the credit memo request via the electronic communications network 414, thus reconciling the discrepancy.

Please replace paragraph [0017] at page 8 with the following rewritten paragraph:

[0017] The dataset organized at 404 may be used to create a wide variety of reports having a predetermined format at 408, with the amount of information being made available on a {00844209.1}

predetermined basis to particular levels of users. For example, reports particular to a certain health care facility 104 may be used by that health care facility to manage their operations and evaluate their business performance. The reports may be obtained via the electronic communications network 414. Similarly, administrative and management personnel at the regional level health care administrative and management regions 102 of the health care organization 100 may obtain online reports via the electronic communications network 414 for each health care facility 104 in the regional facility group and also make comparisons between facilities within the health care administrative and management region 102. At the corporate level-health care facility corporate-level administrative and management function 106, administrative and management personnel may obtain reports via the electronic communications network 414 pertaining to all levels within the health care organization 100, such as individual health care facilities 104, comparisons between facilities, summary data for regional groups health care administrative and management regions 102, comparisons between regions, and overall performance of the organization 100. The reports may be formatted to include such information as "top 10" expense patients by facility, summaries of drugs prescribed, intravenous ("IV") drugs used, facility metrics outside a set standard deviation, usage of certain medication groups, drug utilization, formulary compliance, cost per patient day, and metrics by payment plan. The reports may be based on data accumulated over a set period of time, such as a monthly report. In addition, trends over longer periods of time may be analyzed using historical information coupled with current data.

Please replace paragraph [0018] at page 9 with the following rewritten paragraph:

[0018] Reports may also be made available to the PCP and pharmacies on a hierarchical basis to classes of users. The pharmacies 204 may obtain reports at 408 that are pertinent to their operation, via the electronic communications network 414. At the regional pharmacy group level pharmacy administrative and management regions 202, administrative and management personnel may obtain business performance reports via the electronic communications network 414 for each pharmacy within the regional pharmacy group and make comparisons between the pharmacies. At the eorporate level-pharmacy corporate-level administrative and management function 206, administrative and management personnel may obtain via the electronic

communications network 414 a variety of reports pertaining to all levels of the organization, such as individual pharmacies 204, comparisons between pharmacies, performance of regional pharmacy groups pharmacy administrative and management regions 202, comparisons between regional pharmacy groups, and overall performance of the pharmacy portion 200 of the PCP 600. Reports may include information regarding "top ten" facilities by Medicare rate, accounts receivable, drug utilization, formulary statistics, customer survey results, census data, and credit memos.

Please replace paragraph [0019] at page 10 with the following rewritten paragraph:

[0019] Account representatives 304 within a customer service portion 300 of the PCP 600 may likewise obtain reports at 408 via the electronic communications network 414 in order to analyze the activity at the health care facilities 104 and pharmacies 204 for their accounts. Administrative and management personnel at the account representatives regional group level 302 may access data via the electronic communications network 414 for all health care facilities 104 and pharmacies 204 within their region. At the account representatives corporate level 306, administrative and management personnel may obtain via the electronic communications network 414 a variety of data pertaining to pharmacies 204, health care facilities 104, pharmacy administrative and management regions 202, and health care administrative and management regions 102.

Please replace paragraph [0022] at page 11 with the following rewritten paragraph:

[0022] The electronic communications network 414 provides a common framework for invoicing, reporting, messaging, data exchange and communication between the health care organization 100, the pharmacy portion 200, the customer service portion 300, and the processing center 400. For example, the <u>health care facilities 104</u> may direct questions to the customer service portion 300 regarding operational issues 308, nursing questions 310, clinical drug questions 312, billing questions 314, and computer-related questions 316. The electronic communications network 414 may also be utilized to share information such as company or industry news, open issues, and suggestions or helpful hints.

Please replace paragraph [0023] at page 11 with the following rewritten paragraph:

[0023] Figure-FIG. 2 is a block diagram of a method for handling credit memo requests in accordance with an embodiment of the present invention. At 702 a health care facility 700 104 may utilize an electronic communications network 1102, such as an intranet or the Internet, to retrieve an invoice from a repository, such as a data warehouse 1104 of the PCP 800 600. The interconnectivity provided by the electronic communications network 1102 is represented by link "A" in FIG. 2. The health care facility 700 104 reviews the invoice at 704, and determines at 706 whether the invoice is accurate. If the invoice is accurate, the health care facility 700-104 pays the invoice at 708. If a discrepancy is found, at 710 the health care facility 700 104 submits a credit memo request to a customer service portion 900 300 of the PCP 800 600. The request may be submitted via the electronic communications network 1102. The request includes a notification 902 that is sent to a customer service portion 900 300 of the PCP 800 600. The customer service portion 900 300 reviews the credit memo request at 904, and may also obtain patient data and contract or payment plan data at 906 via the electronic communications network 1102, if such information is needed to make a credit determination. At 908, 1002 908, the customer service portion 900 300 and pharmacy portion 1000 204 may review the transaction for accuracy. The transaction information may be accessed by the pharmacy 1000 204 and the customer service portion 900 300 via the electronic communications network 1102. The customer service portion 900 300 makes a determination at 910. If the customer service portion 900 300 agrees with the request, a credit memo is issued at 912 and the client is notified at 914 via the electronic communications network 1102. If the credit memo request is denied, the client is likewise notified at 914 via the electronic communications network 1102. It should be noted that a credit memo request may include multiple items which may be decided upon on an itemby-item basis by the customer service portion 900 300, with credit requests being accepted for some items and denied for other items. The health care facility 700 104 receives a notification of the disposition of the request at 712, and retrieves the results at 714. The invoice is paid at 708.

Please replace paragraph [0024] at page 12 with the following rewritten paragraph:

[0024] Figure FIG. 3 is a block diagram of a method for handling surveys and customer feedback in accordance with an embodiment of the present invention. At 1402 a customer {00844209.1}

service portion 1400 300 of a PCP 1300 600 sends a request to health care facilities 1200a e 104-104' via an electronic communications network 1502 414, such as an intranet or the Internet. The interconnectivity provided by the electronic communication network 1502 414 is represented by link "A" in FIG. 3. It should be noted that facilities 1202a-c of FIG. 3 are intended to generally represent any desired grouping of facilities, such as individual facilities, regional groups of facilities, and all of the facilities of a health care organization. At 1202a-c the facilities receive a message requesting that the survey be completed, and proceed to answer the questions via the electronic communications network 1502 414. When the survey has been completed, the customer service portion 1400 300 will receive a notification 1404 via the electronic communications network 1502 414. At 1408 the customer service portion 1400 300 may send the facilities 1200a-e 104-104' a confirmation and thank-you note via the electronic communications network 1502 414, the confirmation and note being received by the facilities at 1204a - 1204a - 1204c. The account representatives of the customer service portion 1400 300 responsible for the facilities 1200a-e-104-104' are notified via the electronic communications network 1502 414 at 1410 that the surveys have been received. The account representatives may then access the surveys at 1411 via the electronic communications network 1502 414. The survey data may be organized at 1412 to facilitate reports at 1414. The reports may be obtained via the electronic communications network 1502 414. The reports can be used by administrative and management personnel of the PCP 1300 600, such as account representatives, to analyze customer satisfaction by organizing the data in any desired fashion, such as by individual facilities or regional groups of facilities. Action items such as corrective actions to resolve customer dissatisfaction, may be defined and acted upon at 1416. The electronic communications network 1502 414 can also be utilized to organize "virtual" focus groups for inquiries regarding interest in particular new products, and the performance of current products.